

POLICY & PROCEDURE



HR-72 – Corrective Action

Key Points

- This policy applies to University Hospitals (UH) regular full-time and part-time employees in non-supervisory positions who have completed their initial employment periods.

Definition

Corrective Action:

Describes the levels of conduct which deviates from those expected of University Hospitals' employees and the prescribed procedures to be followed when levels deviate from expected standards.

Policy & Procedure

1. UH has established standards for job performance. Employees who depart from these standards will be subject to corrective action.
2. Corrective action at UH has three basic purposes:
 - 2.1. To help guide employees toward improving job performance.
 - 2.2. To counsel employees toward improving job performance.
 - 2.3. To provide the mechanism for discharging employees whose conduct meets criteria for discharge or progressive disciplinary action.
3. When corrective action is required the manager must investigate the circumstances and implement corrective action.
4. All corrective action discussions will be conducted in a setting that assures privacy.
5. Each corrective action will document the following:
 - 5.1. The unacceptable job behavior or performance.
 - 5.2. The action plan to improve job behavior or performance.
 - 5.3. Signatures: employee and his/her manager or immediate supervisor.
6. When formal corrective action is appropriate, the guidelines below will be followed:
 - 6.1. Confirmation of counseling:
Typically, the beginning level of corrective action unless the incident is serious (see Attachment A).
 - 6.2. Warning:
Generally used as a second step when an incident involves repeat performance issues and a confirmation of counseling has already been

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given (see Attachment A). A warning may be used as the first step when the incident is deemed by the manager to be more serious and he/she has consulted with Human Resources (HR) regarding the use of a warning in this manner.

6.3. Suspension or final warning:

May be used under the circumstances listed below after consultation with HR (see Attachment B):

6.3.1. As the next step in the progressive corrective action process.

6.3.2. When the conduct is serious enough to warrant more than a warning, but not serious enough to warrant immediate discharge.

6.3.3. When the manager requires sufficient time to fully review the allegations of the serious misconduct in order to determine what or if action should be taken. Typically, the length of the suspension may be 1-5 days depending on the extent of the investigation and/or the seriousness of the performance problem. Suspensions exceeding five days must be reviewed with HR. The suspension may be with or without pay as determined based on the circumstances.

NOTE: Managers should collect the employee's identification badge, keys and any other UH property and instruct the employee to remain off the premises until directed to return to work.

NOTE: A final warning may be used in lieu of suspension when it is more appropriate to address the problem. For example, this may be used for attendance or performance problems where an enforced absence would not contribute to correcting the deficiency.

6.4. Discharge procedures may occur under the following circumstances after consultation with HR:

6.4.1. As the final step in the progressive corrective action process (see Attachment B).

6.4.2. Repeat violations of lesser offenses.

6.4.3. Conduct is serious enough to warrant immediate discharge (see Attachment B).

- 7. Copies of all corrective actions are to be distributed to the employee, the department manager and Human Resources, for inclusion in the employee's personnel file.**
- 8. When determining the appropriate corrective action, the manager will consider:**
 - 8.1. Previous corrective actions including attendance, tardiness and/or job performance.**
 - 8.2. The time since the last violation.**
 - 8.3. The seriousness of the violation.**
- 9. All corrective actions become a permanent part of the employee's work history and remain in his/her personnel file. If an employee goes without corrective action for 12 consecutive months, any previous corrective action will not be used as a basis for progressive steps in the corrective action process.**

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10. Employees who receive a combination of any three corrective actions within 12 months, or who receive a suspension/final warning, should consider themselves to be on notice that further violations resulting in corrective action could subject them to discharge.

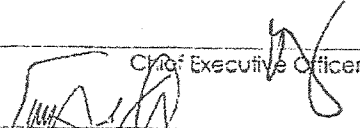
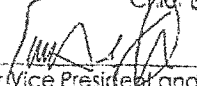
ATTACHMENTS:

Attachment A, Reasons for Progressive Corrective Action.

Attachment B, Reasons for Suspension, Final Warning or Discharge.

SEE ALSO:

University Hospitals System-wide Policies and Procedures
HR-63 Professional Behavior

APPROVE	
 _____ Chief Executive Officer	<u>1/7/09</u> Date
 _____ Senior Vice President and Chief Human Resource Officer	<u>1/6/09</u> Date

ATTACHMENT A

Reasons for Progressive Corrective Action

This section presents some examples of unacceptable conduct. The following acts are not normally grounds for suspension/final warning or discharge. However, repeated corrective actions about the same behavior or several corrective actions about different behaviors could lead to suspension/final warning and/or discharge. These examples of behaviors are not intended to be all-inclusive and are meant to serve only as a guide.

1. Any conduct detrimental to patient care, fellow employees or entity operations.
2. Subject to the terms of policy HR 77 Solicitation and Distribution, soliciting or requesting statements or pledges from visitors, patients or employees; or distribution of written information or literature that is not related to authorized company activities.
3. Failure to conform to UH rules and public laws and regulations pertaining to health and safety.
4. Unsatisfactory job performance or failure to maintain required standards of performance.
5. Chronic absenteeism.
6. Chronic tardiness and/or early leaves.
7. Contributing to or creating unsafe or unsanitary conditions.
8. Entering prohibited areas of the entity unless permission has been granted.
9. Behavior or language disruptive or offensive to other employees, patients or visitors.
10. Inappropriate use of email, the Internet, or the Intranet (see UH system-wide policy, #IS-1, Internet Use).
11. Practical joking or horseplay.
12. Violation of parking rules and regulations.
13. Excessive use of entity telephones to make or receive personal calls.
14. Soliciting, asking for or accepting tips, loans or gifts from patients, families or vendors.
15. Failure to adhere to departmental or divisional standards of personal hygiene, grooming or uniforms.
16. Removing or eating food from patient trays, or taking food or refreshment that is designated as hospital property.
17. Unauthorized absences from the work area during scheduled shift.
18. Loitering, unauthorized or unwarranted visiting.
19. Careless waste of materials or abuse of tools or equipment.

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20. Interfering with the work of other employees.
21. Smoking on UH premises (see UH system-wide policy, #GM-19, Smoking).
22. Discourteous treatment of patients, visitors, other employees and/or staff.
23. Absence from a scheduled workday without notice (less than three consecutive days).
24. Working unauthorized overtime (see UH system-wide policy, #HR-15, Overtime).
25. Failure to swipe in or out using the time and attendance system as defined in UH system-wide policy, #HR-10, Hours of Work, and in specific departmental policy.
26. Any other offense deemed by management to be in violation of any other UH, entity or departmental policy, practices, rules or procedures.

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ATTACHMENT B

Reasons for Suspension or Final Warning

The following offenses will be considered to be of such a serious nature that they could subject the employee to suspension or final warning. These examples of offenses are not intended to be all-inclusive and are meant to serve only as a guide.

1. Possessing, consuming or being under the influence of alcohol or a controlled or illegal substance.
2. "Suspension pending completion of an investigation" can be used in situations where the department requires sufficient time to fully review the allegations of serious misconduct in order to determine the appropriate action to be taken.
3. Use of language which is profane, personally demeaning, threatening or excessively loud.
4. Failure to render service to any patient, if such service is within the normal and usual scope of the employee's duties.
5. Any other offense deemed by management to seriously endanger patient safety or to be in violation of entity or departmental policy, practices, rules or procedures.

Reasons for Discharge from Employment

The following behaviors on the part of an employee will be considered to be of such a serious nature that they could subject the employee to discharge. These examples of offenses are not intended to be all-inclusive are meant to serve only as a guide.

1. Inappropriate physical contact or fighting or attempting to injure patients, visitors, medical staff or other employees.
2. Conduct which constitutes neglect of a patient's rights.
3. Conviction history.
4. Failure to disclose conviction(s) to your supervisor or Human Resources.
5. Possession or use of any weapon or potentially lethal instrument on the premises of or while on duty for UH or in any UH vehicles where the weapon or instrument is not related to the conduct of the job.
6. Unauthorized possession, use, copying or revealing of confidential information about entity business and activities.
7. An absence of three consecutive scheduled days' duration without notice except for qualifying FLMA time off.
8. Tampering or falsification of any entity or patient record including but not limited to:

- 8.1. Theft and use of another individual's computer sign on/password.
- 8.2. Unauthorized disclosure of patient data.
- 8.3. Mishandling of patient reports.
- 8.4. Falsification of the patient record.
- 8.5. Taking patient data for personal use.
9. Refusal to perform assigned work or comply with the directives of managers.
10. Any type of harassment, language or conduct which creates a hostile work environment.
11. Sale or distribution of alcohol or substances.
12. Unauthorized distribution of drug samples and prescription pads.
13. Falsification of time recording.
14. Swiping or recording another employee's time, or asking another employee to swipe.
15. Failure to keep licensure or recertification current in positions where a license or certificate is a legal requirement.
16. Falsification or withholding of information on the employee application.
17. Any conduct which is seriously detrimental to patient care, other individuals or entity or operations.
18. Stealing, destroying, damaging, unauthorized possession, attempted removal or concealing entity property, patient records or property of patients, visitors, medical staff or other employee(s).
19. Behavior which is threatening, intimidating, coercing or interfering with patients, visitors, medical staff or other employees.
20. Gambling or conducting games of chance on entity property.
21. Selling or buying illegal drugs on entity premises or while on duty.
22. Sleeping on duty.
23. Use or possession of pirated software on any entity computer system(s).
24. Failure to comply with a mandatory supervisory referral.
25. Inappropriate use of e-mail, the Internet, or the Intranet (see UH system-wide policy #IS-1, Internet Use).
26. Unauthorized use of departmental computers and/or systems, including but not limited to:
 - 26.1. Allowing the use of one's electronic medical record sign-on code by another.
 - 26.2. Using the electronic medical record sign-on code of another.
 - 26.3. Viewing inappropriate patient records.

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27. Any other serious offense deemed to be in violation of UH, entity or departmental policy, practices, rules or procedures.